Sanofi-aventis strengthens its commitment with the World Health Organization (WHO) to fight neglected tropical diseases

Geneva, October 10, 2006 - Sanofi-aventis strengthens its commitment with the World Health Organization (WHO) to fight certain neglected tropical diseases affecting the world's poorest populations.

A new agreement was signed today in Geneva, by Jean-François Dehecq, Chairman and Chief Executive Officer of sanofi-aventis, and Anders Nordström, acting Director General of WHO. It involves a donation of 25 million dollars over five years.

This agreement is an extension and amplification of the first convention on sleeping sickness signed in 2001 for a five year period. The objective is to expand the scope of action to fight other neglected tropical diseases such as leishmaniasis, Buruli ulcer and Chagas disease, applying the innovative disease management strategy recently defined by WHO.

In May 2001, sanofi-aventis made a five-year commitment to contribute to WHO's efforts to fight sleeping sickness. During those five years (2001-2006) a contribution of 25 million dollars made it possible to distribute free of charge three medicines produced by the Group (pentamidine 200mg, melasorprol and eflornithine) and to reinforce WHO resources for screening at-risk populations, providing care to individuals carrying the parasite and training healthcare personnel in the field.

Some 14 million people have been screened for the disease, 1 million injectable doses were distributed via the logistical network deployed by Médecins sans Frontières. Nearly 110,000 lives have been saved as a result. Following this action, the African Union declared in 2005 that eliminating sleeping sickness from the list of major public health problems was now a realistic objective.

The new agreement confirms sanofi-aventis' long term commitment to treatment for neglected tropical diseases and is a logical component of its policy in favour of access to medicines which aims to enable those affected by disease in developing countries to access quality medication in five major therapeutic areas - malaria, tuberculosis, leishmaniasis, sleeping sickness or human African trypanosomiasis and epilepsy – as well as in the field of vaccines.
Human African trypanosomiasis or sleeping sickness

Human African trypanosomiasis, or sleeping sickness, is one of the most complex – and the most neglected – of the endemic tropical diseases. Spread by the bite of the tsetse fly, the disease flourishes in impoverished rural parts of Africa. In 2006, WHO estimates that the disease affects some 70,000 people.

Sleeping sickness is one of the few diseases where effective treatment depends on active screening for the early detection of cases. Symptoms in the initial phase of illness, when treatment has the greatest chance of success, are often mild or non-specific. For this reason, patients frequently present for treatment when the disease is already far advanced, more complex treatment is needed, and the chances of success are jeopardized. Untreated, sleeping sickness is invariably fatal. Death follows prolonged agony.

Leishmaniasis

Leishmaniasis is a parasitic disease transmitted by the bite of the sandfly. This extremely complex disease has six forms. Visceral leishmaniasis, which attacks the internal organs, is the most severe form. Left untreated, it is usually fatal within two years. Furthermore, a percentage of cases can evolve to skin dissemination of parasites (post-kala azar dermal leishmaniasis). The cutaneous form is the most common. It usually causes ulcers on the face, arms, and legs. Although the ulcers heal spontaneously, they cause serious disability and leave severe and permanently disfiguring scars. Far more devastating is the mucocutaneous form, which invades the mucous membranes of the upper respiratory, causing gross mutilation as it destroys the soft tissues of the nose, mouth, and throat. Diffuse cutaneous leishmaniasis produces chronic skin lesions that never heal spontaneously, and finally, recidivans cutaneous leishmaniasis is a relapsing form which appears after treatment.

WHO estimates that 350 million people are at risk of leishmaniasis, 12 million are currently infected, and around 1.5 million to 2 million new infections occur each year.

Buruli ulcer

Buruli ulcer is a severe skin disorder, caused by a bacterium, that remains shrouded in mystery. The disease is poorly understood and the exact mode of transmission is unknown, impeding the development of preventive strategies. When left untreated, the disease progresses to massive destruction of skin and, in some cases, of bones, eyes, and other tissues. Permanent disabilities occur in an estimated 25% of cases. Limb amputations may be needed to save a patient’s life. Even when skin lesions heal, scarring can permanently restrict the movement of limbs. These problems are compounded by the dramatic recent resurgence of the disease, particularly in parts of West Africa.

Until recently, expensive surgical interventions, requiring long hospital stays, offered the only chance of a normal life for severely affected people. As the disease is largely confined to impoverished rural parts of Africa, such interventions are beyond the reach of most patients. New prospects for combating this disease arose in March 2006, when preliminary findings indicated impressive cure rates following a single treatment with a combination of antibiotics. If these findings are further confirmed, the new treatment approach could revolutionize the prospects for controlling this devastating disease.
Chagas disease
Chagas disease is a parasitic disease transmitted by the bite of the triatomine, or “kissing” bug, which resides in crevices in the mud walls and thatched roofs of poorly constructed houses, usually in rural areas and peri-urban slums throughout Latin America. Transfusion of infected blood is a second significant mode of transmission. Chronic infection, which usually begins in childhood, irreversibly damages the heart, esophagus, colon, and peripheral nervous system in later life. Patients with severe chronic disease become progressively ill and ultimately die, usually from heart failure in early adult life. Although vector control has dramatically reduced the incidence of new cases in Latin America, much more needs to be done to improve the treatment of the many people who continue to become infected, also through the transmission of infected blood.

About sanofi-aventis
Sanofi-aventis is the world’s third largest pharmaceutical company, ranking number one in Europe. Backed by a world-class R&D organization, sanofi-aventis is developing leading positions in seven major therapeutic areas: cardiovascular, thrombosis, oncology, metabolic diseases, central nervous system, internal medicine, and vaccines. Sanofi-aventis is listed in Paris (EURONEXT: SAN) and in New York (NYSE: SNY).

Forward Looking Statements
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